

REGISTRATION FORM FOR EXTENDED CARE

St. Joseph Catholic School

Please complete this registration form for your family.

Family Name _____

Student name(s) _____

Address _____ Home Phone # () _____

City/Zip _____ Email _____

Father's Name _____ Mother's Name _____

Cell Phone # () _____ Cell Phone # () _____

Place of Employment

Father _____

Phone # () _____ Full Time _____ Part Time _____

Mother _____

Phone # () _____ Full Time _____ Part Time _____

My employer provides compensation for childcare expenses. Yes ___ No ___

Emergency Contact Information

Emergency Contact #1: Name _____

Phone:() _____ Relationship to Child: _____

Emergency Contact #2: Name _____

Phone:() _____ Relationship to Child: _____

Emergency Transport Hospital Preference (Children's, St. Joseph) _____

Medications _____

Medical Conditions and/or Allergies _____

**Registration Fee of \$35.00 per family is to be returned with this Form.
Please make checks payable to St. Joseph School Extended Care.**